

## ISDH HSP Outpatient/Ambulatory Health Services Service Standard

### **HRSA Service Definition:**

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

*Program Guidance:*

- Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.
- Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.
- Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

### **Key Services Components and Activities:**

Specific treatment services must be consistent with current DHHS treatment guidelines. Key services components and activities are noted in the Service Standards below.

### **HSP Service Standards:**

Standard	Documentation
<b>1. Personnel Qualifications</b>	
1. Care is provided by health care professionals certified in Indiana to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van	1. Documentation of all applicable licensures, certifications, registrations, or accreditations is available for review
2. Providers have specific experience and appropriate training in caring for HIV infected clients or access to such expertise through consultations	2. Documentation (such as Continuing Education Units (CEUs) and Advanced HIV/AIDS Certified Registered Nurse (AACRN) certification for nurse practitioners) is present in personnel files and available for review
	3. Consultation relationships are documented by signed memoranda of understanding

<b>2. Eligibility Criteria</b>	
1. Subrecipients must have established criteria for the provision of outpatient ambulatory medical services that includes, at minimum: <ul style="list-style-type: none"> <li>Eligibility verification consistent with recipient requirements</li> </ul>	1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH. 2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. <ul style="list-style-type: none"> <li>Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client's Non-medical case management, and includes effective and end dates of eligibility and those services for which the client may enroll.</li> </ul> 3. Documentation must be made available for review by ISDH upon request.
<b>3. Intake</b>	
1. New clients will be provided an appointment with a medical provider within 14 days of contact with the provider or provider agency.	1. New client charts will document an appointment scheduled within 14 days of client contact with the provider or provider agency.
<b>4. Assessment</b>	
1. A comprehensive medical history and physical assessment is performed on the client by the outpatient medical care provider within 30 days of client contact with outpatient medical care provider	1. New client charts reflect a history and physical completed within 30 days of client contact with provider, or an explanation for the delay.
<b>5. Service Delivery/Treatment</b>	
1. A treatment plan exists that is appropriate to each client's age, gender, and specific needs, and that both provider and client have reviewed. Plans include, at a minimum: <ul style="list-style-type: none"> <li>Diagnostic information;</li> <li>Referrals (as appropriate);</li> <li>Discussion of risk reduction, HIV education, secondary prevention, and behavior modification (as appropriate);</li> <li>Prophylaxis against opportunistic infections;</li> <li>Preventive care (e.g., mammograms, pap smears, prostate screenings) that is age, gender, and health-status appropriate;</li> <li>Medications (including a current list of prescribed medication or notations explaining the absence of prescriptions); and</li> </ul>	1. Client record documentation includes a treatment plan including the required elements 2. Client record documentation includes elements of specific treatment as indicated 3. Client record and agency records comply with laboratory testing requirements 4. Client record documentation includes referrals for psychosocial, mental health or substance abuse services when identified 5. Client record documentation includes efforts to contact client when medical appointments are missed

<ul style="list-style-type: none"> <li>• Education related to treatment adherence and the management of side effects (as appropriate).</li> </ul> <p>2. Specific treatment shall include (consistent with current DHHS Guidelines):</p> <ul style="list-style-type: none"> <li>• Hepatitis B and C screenings performed at least once since diagnosis</li> <li>• Hepatitis B vaccination series completed if recommended by medical provider</li> <li>• Clients with CD4 count below 200 cells/mm<sup>3</sup> were prescribed PCP prophylaxis</li> <li>• Clients were offered HAART prescriptions within the previous year</li> <li>• Pregnant women are prescribed antiretroviral therapy</li> <li>• Syphilis tests performed within the previous year</li> <li>• TB testing performed at least once since diagnosis</li> <li>• Psychosocial, mental health and substance abuse screenings are conducted in the context of Outpatient and Ambulatory Medical Care within 30 days of the initial client visit and are reassessed annually.</li> <li>• HIV Risk Reduction Counseling during the previous year</li> <li>• Oral health initial or updated history and dental treatment plan once in the previous year</li> </ul> <p>3. All laboratory tests are:</p> <ul style="list-style-type: none"> <li>• Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider;</li> <li>• Consistent with medical and laboratory standards; and</li> <li>• Approved by the Food and Drug Administration (FDA) and certified under the Clinical Laboratory Improvement Amendments (CLIA) program.</li> </ul> <p>4. When psychosocial, mental health, or substance abuse needs are identified, clients are referred to a case manager or appropriate service provider</p>	
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5. Staff follow-up with clients who miss medical visits to address barriers and to reschedule the appointment	
<b>6. Discharge</b>	
1. Reasons for case closure are documented when applicable. Notes reflect attempts to provide continuity of care (such as linkage with another service, attempts to contact client, referrals made for or on behalf of client, or a plan for after-care) prior to closure. Allowable reasons for closure include: <ul style="list-style-type: none"> <li>• The client has requested termination of services;</li> <li>• Goals of the treatment plan have been achieved (upon mutual agreement by provider and client);</li> <li>• The client has moved out of the service area or is otherwise no longer eligible;</li> <li>• The agency has had no contact with the client for 12 months or more; or</li> <li>• The client is deceased</li> </ul>	1. Client record documentation notes reason for case closure and appropriate referrals if indicated

**Subservices:**

- OAHS- Medical visit
- OAHS- Lab visit

**Service Unit Definition:**

- Unit = 1 visit